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CONFIRMATION NO. 9941

SERIAL NUMBER 10/684,960	MH 10-12-05 FILING DATE 10/14/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. Marasco-5
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/621,636 07/21/2000 PAT 6,635,035 MH 10-12-05

** FOREIGN APPLICATIONS *****

None 10-12-05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/15/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance	STATE OR COUNTRY MA	MH 10-12-05 SHEETS DRAWING 5	MH 10-12-05 TOTAL CLAIMS 24	MH 10-12-05 INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

D. N. HALGREN
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TITLE

Isolated wound-treatment arrangement

FILING FEE RECEIVED 486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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